## 

## New Supplier Set-up Form

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| **DETAILS TO BE COMPLETED BY SUPPLIER**  **(Please complete in BLOCK CAPITALS)** | |
| **Supplier Name:** |  |
| **Contact Address:** |  |
| **Phone/Fax Number:** |  |
| **Contact Name:** |  |
| **E-mail Address:** |  |
| **Employment Status:**  ***(Eg: Sole Trader etc)*** |  |
| **PPS/Tax Reference/ VAT Number:** |  |
| **Tax Clearance Access Number (TCAN)**  ***(If payment/s exceed €10000 in a 12mth period)*** |  |
| **Bank name:** |  |
| **Address of Bank:** |  |
| **Name on bank account:** |  |
| **BIC:** |  |
| **IBAN:** |  |
| **Signature: *form will not be accepted without a signature*** |  |
| **Block Capitals:** |  |
| **Company stamp:** |  |

**For Office Use Only**

Supplier code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date set up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TCAN check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_